PRINTED: 03/24/2016 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008593	B. WING		02/18/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
GROVE AT THE LAKE,THE 2534 ELIN ZION, IL 6					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
S 000	Initial Comments		S 000 ,		
	First Probationary L	icensure Survey			
S9999	Final Observations		S9999		
	STATEMENT OF LI	CENSURE Violations:			
	300.1210b)3)				
	Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:				
	encourage residents incontinent of bowel appropriate treatme urinary tract infectio normal bladder func personnel shall assi who enters the facili			Attachment A Statement of Licensure Vi	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	COMPLETED	

		IL6008593	B. WING		02/18	8/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
GROVE	AT THE LAKE,THE		AVENUE				
GROVE	~! IIIL LANL,!!!L	ZION, IL	60099				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 1	S9999				
	This REQUIREMEN	NT was not met as evidenced	TO REPORT OF THE PARTY OF THE P				
	by:		Na alamanina (November 2000)				
		on, interview, and record	MRA-OCKARIOS VIVIO				
		liled to keep a resident's evel of her bladder while lying	National Property of the Control of				
	in bed and during p		DELICATION OF THE PROPERTY OF				
		3 (R6) residents reviewed for	acceptance and the second				
	catheters in the san		no-ture vocamentes es		411,100		
	The findings include		vaniana de la company de la co		P. L. P. D. Landing		
		16 at 12:20 PM, R6 was in ing urinary catheter bag was	10 mm m m m m m m m m m m m m m m m m m				
		9	99				
	not visible hanging from the bed frame. On February 16, 2016 at 2:00 PM, R6 was in bed						
	when E4 CNA (Certified Nursing Assistant) came		TO THE REAL PROPERTY.				
	in to do pericare. R6's indwelling urinary catheter		ELANCE FOR THE STATE OF THE STA	,			
	bag was not visible. R6 complained to E4 that her leg hurt her and rubbed her right upper thigh. E4 lifted R6's pant leg and R6's had a leg catheter bag attached to her right thigh. E4		MANAGEMENT AND THE STATE OF THE				
			Action				
			TO A CONTRACT OF THE CONTRACT				
	removed the leg catheter bag from R6's leg. R6 had red marks on her right thigh from the straps		lover a revenue and a revenue				
	of the leg bag. E4 disconnected the leg catheter						
	bag and reconnected the catheter to an indwelling		revisione entreview				
	urinary catheter dra	inage bag. E4 left the	And the second s				
		ag on the bed and performed	MANAGO PARAGO MA				
	pericare on R6.	16 at 2:00 DM E4 atotad P6	eso di cione de constitución d				
		16 at 2:00 PM, E4 stated R6 re a catheter drainage bag on	manuscope and transfer of the second				
		leg bag". E4 stated the	THE RESIDENCE OF THE PERSON OF				
		atheter bag needs to be lower	and the second s				
		the urine can drain.	Persistent		Elizabeth a n.		
		16 at 9:25 AM, E3 Charge RN	Production		the block of the state of the s		
	, ,	stated R6 should have a	more reconstruction of the contract of the con				
		bag on when up in the chair	ASSESSMENT				
		nage bag when lying down.	PARAMETER STATE OF THE STATE OF				
		et back to bed and doesn't	THE PROPERTY OF THE PROPERTY O				
		stated the catheter drainage	Acceptance of the second of th				
	can drain into the b	ver than the body so the urine	No.				
		on Catheter Care dated	NAME OF TAXABLE PARTY.				

Illinois Department of Public Health

STATE FORM

CX8D11

PRINTED: 03/24/2016 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6008593	B. WING		02/1	18/2016		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
GROVE	GROVE AT THE LAKE,THE 2534 ELIM AVENUE ZION, IL 60099							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE		
\$9999	September of 2013 of the catheter bag. R6's Diagnosis Rep shows R6 was adm a diagnosis of a urir R6 's February Orde has had an indwellir admission on Janua on an antibiotic for a February 10, 2016. R6's Indwelling Cath February 1, 2016 sh	does not address positioning fort dated February 17, 2016, itted on January 28, 2016 with pary tract infection. For Review Report shows R6 and urinary catheter since ary 28, 2016 and was started a urinary tract infection on the eter Care Plan dated nows R6 has an infection and eter bag and tubing below the	\$9999					

Illinois Department of Public Health

STATE FORM

CX8D11